MEDICAL CODING ENROLLMENT AGREEMENT

Notice to the Student: Do not sign this agreement before you read it or if it contains any blank space. You are entitled to a completely filled-in copy of this agreement. This agreement is not binding until accepted by the Director of The Andrews School. Any student who is of minor age will require a guarantor who will be liable to The Andrews School for the fees, tuition, charges, and etc., agreed to if student should default in any payments thereof.

Complete and sign this enrollment agreement and submit it to the school by mail to the address below or as a .pdf file by email to <u>glenda@andrewsschool.com</u>. A copy signed by the school will be returned to you for your records.

Total Number of Lessons: 80	Time to Complete the Course: 20 months				
Student Name:		Starting Date:			
Total Cost: \$3,600.00	Down Payment: \$	Balance Due: \$			

Student agrees to pay said monthly installments of \$ beginning

subsequent installments on the same day of each consecutive month until paid in full. In the event that the holder of this agreement prevails in any action to enforce the terms or provisions hereof, student agrees to pay reasonable attorney fees and actual court costs. The balance due school will be divided by 36 months to determine the monthly payments to be paid by student.

Course Policy: Students must submit work by the given deadlines and maintain grades of C or higher in order to remain in the course. Errors on exams may require remedial assignments, at the discretion of the Director.

Refund Policy:

Termination of Course, Rejection, or Cancelled Class: Applicant shall be entitled to refund of all monies paid.

Three Day Cancellation: All monies paid by an applicant will be refunded if requested within three days after signing an enrollment agreement and making an initial payment.

Other Cancellation: An applicant subsequently requesting cancellation shall be entitled to a refund of all monies paid minus a registration fee of 15% of the contract price of the course, but in no event may the school retain more than \$150.00.

First Week: For a student terminating training after entering school and starting the course of training but within the first week, the tuition retained by the school shall not exceed 10% of the contract price of the course plus \$150.00 but in no event more than \$350.00.

Withdrawal After 1 Week but Less Than 25% (21 Weeks or 20 Lessons): Student is responsible for 25% of full course cost plus \$150.00 (\$1,050.00). For termination of training (by student withdrawal or school for a proper reason) within 21 weeks or 20 lessons, student is entitled to a refund of payment exceeding \$1,050.00.

Withdrawal After 25% (21 Weeks or 20 Lessons) but Less Than 50% (42 Weeks or 40 Lessons): Student is responsible for 50% of full course cost plus \$150.00 (\$1,950.00). For termination of training (by student withdrawal or school for a proper reason) within 42 weeks or 40 lessons, student is entitled to a refund of payment exceeding \$1,950.00.

Withdrawal After 50% (42 Weeks or 40 Lessons) but Prior to Completion of Course: Student is responsible for paying the full course cost (\$3,600.00). For termination of training (by student withdrawal or school for a proper reason), student is not entitled to a refund.

Accepted By:

Signature of School Official The Andrews School PO Box 6031 Moore, OK 73153 405-694-8688 Date

and all

I have read and understand the course catalog (online), this agreement, and have been advised that I will receive a copy of the agreement after it is signed by a school official.

Student Signature		Date			
Phone	Email				
Mailing Address					
City		State	Zip		
I understand that I am liable for amount	ts set out herein if s	student does not pay.			
Guarantor		Date			
Any holder of this consumer credit agresseller of goods or services obtained pur exceed amounts paid by the debtor here	suant hereto or wi				
Method of Payment (check one): Cashier's Check Personal Check	Money Order	American Express	Visa	MasterCard	Discover
Card Number:					
Expiration Date:		Digit Security Code: r American Express, pr	rovide 4-d	igit security code	instead)
FORM TASEA 09-30-24					